

# **VIRGINIA'S NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP PROGRAM**

## **2011 APPLICATION**

### **APPLICATION REQUIREMENTS**

Please ensure that you read and understand the following information prior to applying for a scholarship award. **Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.**

- 1) All items on the application form must be answered.
- 2) A current official transcript of grades (nursing school, college) must be submitted from **all graduate and undergraduate schools attended**. The transcript must contain sufficient information to identify it as a component of a scholarship application.
- 3) Applicants must demonstrate a cumulative grade point average of at least 3.0 in undergraduate and graduate programs.
- 4) Applications must be signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwifery Program.
- 5) Applications and transcripts must be postmarked by **June 30 for the academic year** beginning in the fall of the calendar year that you are applying, e.g., June 20, 2011 for academic year 2011-2012. Applications will not be accepted prior to May 1.
- 6) **Two references are required** from persons that have known you in a professional or educational setting. Ensure that references include your full name as provided on the scholarship application for easy matching of reference to application. The references submitted will be part of the overall consideration of the application.
- 7) **Applications must be typed; handwritten applications will not be accepted.**
- 8) It is the responsibility of the applicant to see that:
  - a) The application form is completed entirely;
  - b) A current official grade transcript must be included with the application or postmarked to the Office of Minority Health and Health Equity prior to June 30;
  - c) All original signatures are obtained on the application form; and
  - d) Application, recommendations and official grade transcript(s) are to be postmarked prior to June 30 to:

Virginia Department of Health  
Office of Minority Health and Health Equity  
**ATTN: Nursing Scholarships**  
109 Governor St., Suite 1016-East  
Richmond, Virginia 23219

## VIRGINIA'S NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP

## CHECKLIST

This checklist has been provided to facilitate your application process. Please ensure that all items have been completed or submitted with the application prior to mailing. Please maintain a copy of the application for your records. The applicant is responsible for ensuring that the application is complete. **Only completed applications will be considered for scholarship awards.**

Please keep this checklist for your records.

- ☐ A completed Virginia's Nurse Practitioner/Nurse Midwife Scholarship Application for 2011, with original signatures.  
**Old applications and handwritten applications will not be accepted.**
- ☐ A **current official (sealed) transcript** of grades from all graduate and/or undergraduate courses.
- ☐ A **statement of intent** to practice as a nurse practitioner/nurse midwife in a medically underserved area of Virginia following graduation.
- ☐ Two letters of reference.
- ☐ A recommendation for this scholarship by an authorized school official.

Please make sure that:

- ☐ All items on the application are addressed.
- ☐ All authorized school officials sign and date the application in the designated places.
- ☐ The application and transcript(s) are to be postmarked to the Office of Minority Health and Health Equity by the June 30 deadline.
- ☐ **You maintain a copy of the application for your records.**

**SECTION 1 – PERSONAL DATA**

Date of Application: \_\_\_\_\_

Legal Name :

_____	_____	_____	_____
Last	First	MI	Maiden

Preferred Name \_\_\_\_\_

Address:

Street Number and Name \_\_\_\_\_

_____	_____	_____
City	State	Zip

Day Phone Number:

(000) 000-0000

Evening Phone Number:

(000) 000-0000

Email Address :

\_\_\_\_\_

Social Security Number:

000-00-0000

Sex:

Please Select One \_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_

Race/Ethnicity:

Please Select One \_\_\_\_\_

Other:

\_\_\_\_\_

How long have you been a resident of Virginia?

\_\_\_\_\_

Congressional District:

(Please check with your voter registration office or visit <http://nationalatlas.gov/printable/congress.html>) \_\_\_\_\_

Have you ever received a Nurse Practitioner/Nurse Midwife Scholarship?

Please Select One \_\_\_\_\_

If yes, in what year(s)?

\_\_\_\_\_

If you had a different name when you applied previously, please provide it here:

\_\_\_\_\_

Do you speak another language? Please Select One If yes, please list:

\_\_\_\_\_

**CONTACT PERSON (OTHER THAN APPLICANT)**

Name:

_____	_____	_____
Last	First	MI

Address:

Street Number and Name \_\_\_\_\_

_____	_____	_____
City	State	Zip

Phone Number:

(000) 000-0000

Relationship to Applicant:

\_\_\_\_\_

**SECTION 2 – NURSING EDUCATION**

School of Nursing: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number and Name

City State Zip

Phone Number: (000) 000-0000 \_\_\_\_\_

☐ Full-time Student:    ☐ Part-time Student:    If Part-time student, how many credit hours are you taking? \_\_\_\_\_

Have you transferred to this school from another nursing program? Please Select One \_\_\_\_\_

Name of previous school: \_\_\_\_\_

Date of enrollment in present Nursing Program: Month Year \_\_\_\_\_

Expected date of graduation: Month Year \_\_\_\_\_

**Nursing Program Level:** Please check the program type and current level. Specify level in September.

<u>Program</u>	<u>Current Level</u>	<u>Level in September</u>
Please Select One	Please Select One	Please Select One

**SECTION 3 – PRIOR EDUCATION**

School of Nursing	University/College	City and State	Date of Attendance	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____
3. _____	_____	_____	-	_____

**SECTION 4 – WORK EXPERIENCE***Check here if you have never been employed, and skip to Section 5.*

Type of Position	Name of Employer	City and State	Dates of Employment	Reason for Leaving
1. _____	_____	_____	-	_____
2. _____	_____	_____	-	_____

3.

-

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**SECTION 5 – COMMITMENT OF SERVICE**

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Are you currently residing in an area designated as a medically underserved area? Please Select One

See the list and map online: <http://www.vdh.virginia.gov/healthpolicy/primarycare/shortagedesignations/documents/VMUA.pdf>

If yes, please indicate the city or county: \_\_\_\_\_

Do you plan to seek employment in an area officially designated as a medically underserved area and in an employment setting that provides services to persons who are unable to pay for the service and participates in all government sponsored insurance programs designed to assure access to medical care services for covered persons? Please Select One

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**SECTION 6 – OTHER SCHOLARSHIPS/GRANTS**

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Are you the recipient of other scholarships/grants for the upcoming school year? Please Select One

Please indicate: \_\_\_\_\_

**SECTION 7 – NARRATIVE SUMMARY (Required)**

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Explain briefly, *in one page or less*, the significance of the Virginia's Nurse Practitioner/Nurse Midwife Scholarship in pursuing your educational goals. Also, include your plans for professional practice following graduation.

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Signature of Applicant

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Date

## VIRGINIA'S NURSE PRACTITIONER/NURSE MIDWIFE SCHOLARSHIP PROGRAM

### SECTION 8 – SCHOOL OF NURSING RECOMMENDATION

*To be completed and signed by the Dean/Director/Chair of the Nurse Practitioner/Nurse Midwife Program. Please feel free to complete form online at <http://www.vdh.state.va.us/healthpolicy/primarycare/incentives/nursing/forms.htm>, then print and provide original signature before handing this form to the applicant to be mailed with the rest of their scholarship application.*

**Cumulative grade point average must be filled in and source of computation cited.**

1. Name of applicant: \_\_\_\_\_
2. Student Identification or Social Security Number: 000-00-0000 \_\_\_\_\_
3. This applicant is: Please Select One
4. Date of entrance: Month \_\_\_\_\_ Year \_\_\_\_\_
5. During this award period, the applicant will be a: Please Select One
6. Cumulative Grade Point Average: \_\_\_\_\_ (Applicants must have at least a 3.0 cumulative GPA in Required Courses, **not electives**)

Source of computation: Please Select One If other, please specify \_\_\_\_\_

I recommend this student for the Virginia's Nurse Practitioner/Nurse Midwife Scholarship. Please specify any extenuating circumstances that may have influenced your recommendation.

\_\_\_\_\_  
Name of Authorized Person Completing This Section

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of School of Nursing

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address